

Docket No.: 113918-101

06-16-2000

U.S. Patent & TMO/c/TM Mail Rcpt Dt. #26

IN THE UNITED STATES

DEPARTMENT OF COMMERCE
PATENT & TRADEMARK OFFICE

In re application of

REID, et al.

Serial No. 09/487,318

Filed: January 19, 2000

For: HUMAN LIVER PROGENITORS



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PATENT # S

REQUEST FOR CORRECTED FILING RECEIPT

Attn: Office of Initial Patent Examination's Customer Service Center

Assistant Commissioner

of Patents and Trademarks

Washington, D.C. 20231

JUL 13 2000

June 16, 2000

Sir:

Attached is a copy of the Filing Receipt received from the U.S. Patent and Trademark Office in the above-referenced application. Also attached is a copy of the Declaration indicating the **correct order** of inventors as well as the **correct residence** for each of the inventors. It is requested that a corrected filing receipt be issued listing the inventors in the order that they appear on the Declaration, as follows:

Lola M. Reid, Chapel Hill, NC;
Nicholas Moss, Carrboro, NC;
Hiroshi Kubota, Chapel Hill, NC.

Because the error is that of the U.S. Patent Office, it is believed that no fee is required with regard to this Request, however, in the event that a fee is required, the Commissioner is authorized to charge such fee to Deposit Account No. 50-0436. A duplicate copy of this letter is attached.

Respectfully submitted,
PEPPER HAMILTON LLP

Gilberto M. Villacorta
Registration No. 34,038

Corinne M. Pouliquen
Registration No. 35,753

600 Fourteenth Street, N.W.
Washington, D.C. 20005-2004
(202) 220-1534
Facsimile: (202) 220-1201

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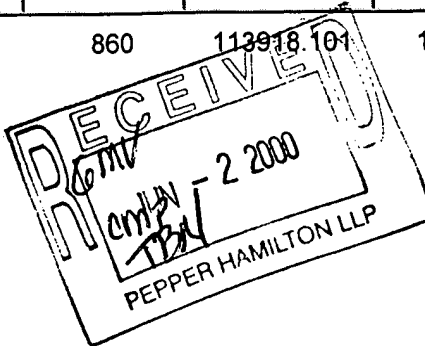
FILING RECEIPT



OC000000005146900

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND
COMMISSIONER OF PATENT AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/487,318	01/19/2000	1651	860	113918.101	16	44	9

021269
PEPPER HAMILTON
HAMILTON SQUARE
600 FOURTEENTH STREET NW
WASHINGTON, DC 20005

Date Mailed: 05/30/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

Nicholas Moss
Hiroshi Kubota
Lola M. Reid, Chapel Hill, NC ;
~~Hiroshi Kubota~~, Carrboro, NC ;
~~Nicholas Moss~~, Chapel Hill, NC ;

Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/116,331 01/19/1999

Foreign Applications

If Required, Foreign Filing License Granted 04/07/2000

** SMALL ENTITY **

Title

Human liver progenitors

Preliminary Class

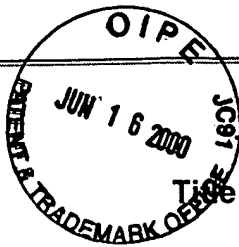
435

Data entry by : BARNES, CAROL

Team : OIPE

Date: 05/30/2000





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Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Any corrections that may need to be done to your Filing Receipt should be directed to:

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Bib Data Sheet


UNITED STATES DEPARTMENT OF COMMERCE
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 Washington, D.C. 20231

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SERIAL NUMBER 09/487,318	FILING DATE 01/19/2000 RULE -	CLASS 435	GROUP ART UNIT 1651	ATTORNEY DOCKET NO. 113918.101
APPLICANTS Lola M. Reid, Chapel Hill, NC ; Nicholas Moss, Chapel Hill, NC ; Hiroshi Kubota, Carrboro, NC ;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/116,331 01/19/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/07/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY NC	SHEETS DRAWING 16	TOTAL CLAIMS 44
		INDEPENDENT CLAIMS 9		
ADDRESS 021269				
TITLE Human liver progenitors				
FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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